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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

Docket Number (Optional)

K2020.0001/P001-A

In re Application of Yutaka Muramatsu et al.

Application Number  
10/673,788-Conf. #2997

Filed  
September 30, 2003

For MEDICAL PARTICLE IRRADIATION APPARATUS

Art Unit	2881	Examiner	Paul M. Gurzo
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The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |                                     |                                  |    |        |
|-------------------------------------|----------------------------------|----|--------|
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1))    | \$ | 110.00 |
| <input type="checkbox"/>            | Two months (37 CFR 1.17(a)(2))   | \$ |        |
| <input type="checkbox"/>            | Three months (37 CFR 1.17(a)(3)) | \$ |        |
| <input type="checkbox"/>            | Four months (37 CFR 1.17(a)(4))  | \$ |        |
| <input type="checkbox"/>            | Five months (37 CFR 1.17(a)(5))  | \$ |        |
- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.
- ☐ A check in the amount of the fee is enclosed.
- ☒ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1073.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.  
☐ assignee of record of the entire interest. See 37 CFR 3.71.  
                     Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
☒ attorney or agent of record. Registration Number 33,082  
☐ attorney or agent under 37 CFR 1.34(a).  
                     Registration number if acting under 37 CFR 1.34(a)

July 22, 2004

Date \_\_\_\_\_

(202) 775-4742

Telephone Number

Signature

Mark J. Thronson

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

	Total of	1	forms are submitted.
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